

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MCCAIN-PALIN VICTORY 2008

ADDRESS (number and street)

228 S. WASHINGTON STREET

SUITE 115

☐Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00453738

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

04

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		7278573.42
(b) Cash on Hand at Beginning of Reporting Period	7278573.42	
(c) Total Receipts (from Line 19)	59773.96	59773.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7338347.38	7338347.38
7. Total Disbursements (from Line 31)	6512008.91	6512008.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	826338.47	826338.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	433581.32	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MCCAIN-PALIN VICTORY 2008

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	-24010.00	-24010.00
(i) Itemized (use Schedule A)	2009.00	2009.00
(ii) Unitemized	-22001.00	-22001.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	100.00	100.00
(c) Other Political Committees (such as PACs)	-21901.00	-21901.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	81674.96	81674.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59773.96	59773.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59773.96	59773.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	407558.49	407558.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	407558.49	407558.49
22. Transfers to Affiliated/Other Party Committees.....	5994644.42	5994644.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	106241.00	106241.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	107241.00	107241.00
29. Other Disbursements.....	2565.00	2565.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6512008.91	6512008.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6512008.91	6512008.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	-21901.00	-21901.00
34. Total Contribution Refunds (from Line 28(d))	107241.00	107241.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-129142.00	-129142.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	407558.49	407558.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	81674.96	81674.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	325883.53	325883.53

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 / 73

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
John McCain 2008Nature of Debt (Purpose):
Staff Time/Direct Mail &
Email List Usag

Mailing Address PO BOX 16118

City State ZIP Code
Arlington VA 22215

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.1

Amount Incurred This Period

433581.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

433581.32

1) **SUBTOTALS** This Period This Page (optional)..... ▶

433581.32

2) **TOTALS** This Period (last page this line number only)..... ▶

433581.32

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

433581.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. BARLOW

Mailing Address 15939 ERIN CREEK COURT

City

HOUSTON

State

TX

Zip Code

77062-4793

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.2945430

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NICHOLAS J. BOVE, JR.

Mailing Address 6100 MAIN STREET

City

TRUMBULL

State

CT

Zip Code

06611-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIVISION OF CRIMINAL JUST-
ICE

Occupation

SENIOR ASSISTANT STATE'S ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.2947564

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT M. DANNER, JR.

Mailing Address 4602 OXFORD CIR

City

MACON

State

GA

Zip Code

31210-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN MUTUAL

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.2949924

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional)

-1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MRS. DENISE G. DUNBAR

Mailing Address 407 DUKE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-3735

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.2946964

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. DUNBAR

Mailing Address 407 DUKE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-3735

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORE CAPITAL

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.2946966

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. LAVERA GARCIA

Mailing Address 1236 LAGUNA

City

SANTA BARBARA

State

CA

Zip Code

93101-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.2947553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MS. JOANNA KATRINA MCINTOSH

Mailing Address 209 PRINCESS STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERIZON

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: SA11.2956697

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

HAIM REVAH

Mailing Address 1501 RIO VISTA AVE

City

LOS ANGELES

State

CA

Zip Code

90023-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN REAL ESTATE
INVESTORS

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.2956692

Amount of Each Receipt this Period

-24300.00

CONTRIBUTION

CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

MR. MAURICE B. ROWE, III

Mailing Address 4121 SOUTHAVEN ROAD

City

RICHMOND

State

VA

Zip Code

23235-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.2945429

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

-25100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MR. GARY A. STURA

Mailing Address 1717 LINCOLN AVE

City

MOUNT DORA

State

FL

Zip Code

32757-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALLMARK

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.2956688

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

MR. DONALD O. SUTTON

Mailing Address 2630 PORTOLA DRIVE
SPACE 42

City

SANTA CRUZ

State

CA

Zip Code

95062-5061

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.2946967

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MELVA WAHL

Mailing Address 34696 SWANK DRIVE SE

City

ALBANY

State

OR

Zip Code

97322-9776

FEC ID number of contributing
federal political committee.

C

Name of Employer
STUDENT

Occupation

STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.2945523

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

-24010.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 73

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO ELECT BRIAN P. GOLDEN

Mailing Address 88 MANET ROAD

City

NEWTON

State

MA

Zip Code

02467-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.2945426

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 73

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

JOHN MCCAIN 2008, INC.

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA15.01

Amount of Each Receipt this Period

486.22

B.

Full Name (Last, First, Middle Initial)

MCCAIN-PALIN COMPLIANCE FUND INC.

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

81188.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA15.002

Amount of Each Receipt this Period

81188.74

REIMBURSEMENT - PRINTING

SUBTOTAL of Receipts This Page (optional)

81674.96

TOTAL This Period (last page this line number only)

81674.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
MCCAIN PALIN COMPLIANCE FUND INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
REIMB-STAFF/PHONES/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

242690.22

B. Full Name (Last, First, Middle Initial)
NICOLE CAROSELLA

Mailing Address 11422 OLDE TURNBURY CT.

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement
JFC PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1142.66

C. Full Name (Last, First, Middle Initial)
PAIGE MARRIOTT

Mailing Address 5056 KILBURN ST.

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
JFC FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

249832.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) SUSAN NELSON	Transaction ID: SB.34 Date of Disbursement																				
Mailing Address 4217 RIVER ROAD, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">7229.14</td> </tr> </table>	7229.14																			
7229.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GENE POWELL	Transaction ID: SB.8 Date of Disbursement																				
Mailing Address 19 BITTERBLUE LANE, STE. 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City SAN ANTONIO State TX Zip Code 78218	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC EVENT CATERING	<table border="1"> <tr> <td colspan="10">320.31</td> </tr> </table>	320.31																			
320.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.1 Date of Disbursement																				
Mailing Address 3321 W. SHADOWLAWN AVE.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City ATLANTA State GA Zip Code 30305	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">14315.53</td> </tr> </table>	14315.53																			
14315.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

21864.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C05 Date of Disbursement																				
Mailing Address 2400 E Missouri Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">45.00</td> </tr> </table>	45.00																			
45.00																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C06 Date of Disbursement																				
Mailing Address 2400 E Missouri Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">22.31</td> </tr> </table>	22.31																			
22.31																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C07 Date of Disbursement																				
Mailing Address 2400 E Missouri Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">132.68</td> </tr> </table>	132.68																			
132.68																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C08 Date of Disbursement
Mailing Address 2400 E Missouri Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL	<div>63.11</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C09 Date of Disbursement
Mailing Address 2400 E Missouri Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C10 Date of Disbursement
Mailing Address 2400 E Missouri Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL	<div>3000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C11 Date of Disbursement
Mailing Address 2400 E Missouri Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] Category/Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ARIZONA BILTMORE HOTEL	Transaction ID: SB21B.C12 Date of Disbursement
Mailing Address 2400 E Missouri Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL Candidate Name	<div>112.45</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] Category/Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) AVIS RENT A CAR	Transaction ID: SB21B.C14 Date of Disbursement
Mailing Address 6 Sylvan Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period
Purpose of Disbursement JFC TRAVEL Candidate Name	<div>32.05</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] Category/Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) BUCKHEAD SAFETY CAB COMPANY	Transaction ID: SB21B.C16 Date of Disbursement																				
Mailing Address 703 Lakeshore Cir NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Atlanta State GA Zip Code 30324	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">47.00</td> </tr> </table>	47.00																			
47.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CLARION HOTEL	Transaction ID: SB21B.C25 Date of Disbursement																				
Mailing Address 320 Hillsborough Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">398.68</td> </tr> </table>	398.68																			
398.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CLARION HOTEL	Transaction ID: SB21B.C26 Date of Disbursement																				
Mailing Address 320 Hillsborough Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">84.60</td> </tr> </table>	84.60																			
84.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) CLARION HOTEL	Transaction ID: SB21B.C27 Date of Disbursement																				
Mailing Address 320 Hillsborough Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">286.17</td> </tr> </table>	286.17																			
286.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COMFORT INN	Transaction ID: SB21B.C28 Date of Disbursement																				
Mailing Address 151 S. College Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Wilmington State NC Zip Code 28403	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">314.41</td> </tr> </table>	314.41																			
314.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COURTYARD HOTEL	Transaction ID: SB21B.C29 Date of Disbursement																				
Mailing Address 35 West Spring Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Columbus State OH Zip Code	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">1373.26</td> </tr> </table>	1373.26																			
1373.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

COURTYARD HOTEL

Mailing Address 35 West Spring Street

City Columbus State OH Zip Code

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C30

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1470.28

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

DELTA AIR LINES

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C40

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

317.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DISCOUNT CAB

Mailing Address 4600 W. Camelback Road

City Glendale State AZ Zip Code 85301

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C43

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

30.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) DOUBLETREE HOTEL	Transaction ID: SB21B.C48 Date of Disbursement																				
Mailing Address 640 W Germantown Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Plymouth Meeting State PA Zip Code 19462	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">182.52</td> </tr> </table>	182.52																			
182.52																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB21B.C65 Date of Disbursement																				
Mailing Address 16475 East 40th Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Aurora State CO Zip Code 80011	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">168.39</td> </tr> </table>	168.39																			
168.39																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) JODY MARONI'S RESTAURANT	Transaction ID: SB21B.C69 Date of Disbursement																				
Mailing Address 10701 Natural Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City St. Louis State MO Zip Code 63145	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC MEALS	<table border="1"> <tr> <td colspan="10">3.48</td> </tr> </table>	3.48																			
3.48																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) NIK'S TRANSPORTATION	Transaction ID: SB21B.C73																				
Mailing Address 800 HINDRY AVENUE, UNIT A	Date of Disbursement																				
City Inglewood State CA Zip Code 90301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
Purpose of Disbursement JFC TRAVEL	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">32.00</td> </tr> </table>	32.00																			
32.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) SHERATON	Transaction ID: SB21B.C89																				
Mailing Address 421 S. Salisbury Street	Date of Disbursement																				
City Raleigh State NC Zip Code 27601	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
Purpose of Disbursement JFC TRAVEL	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">55.52</td> </tr> </table>	55.52																			
55.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) SKY HARBOR AIRPORT RESTAURANT	Transaction ID: SB21B.C90																				
Mailing Address 3400 E Sky Harbor Blvd	Date of Disbursement																				
City Phoenix State AZ Zip Code	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
Purpose of Disbursement JFC MEALS	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">68.59</td> </tr> </table>	68.59																			
68.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C93 Date of Disbursement																				
Mailing Address 4610 S. 35th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">109.20</td> </tr> </table>	109.20																			
109.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C94 Date of Disbursement																				
Mailing Address 4610 S. 35th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">43.00</td> </tr> </table>	43.00																			
43.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SUPERSHUTTLE	Transaction ID: SB21B.C95 Date of Disbursement																				
Mailing Address 4610 S. 35th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">77.50</td> </tr> </table>	77.50																			
77.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL	Transaction ID: SB21B.C98 Date of Disbursement																				
Mailing Address 1620 E. Rental Car Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Phoenix State PA Zip Code	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">433.44</td> </tr> </table>	433.44																			
433.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C122 Date of Disbursement																				
Mailing Address 3 Apple House Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Lakeville State MA Zip Code 02347	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C123 Date of Disbursement																				
Mailing Address 3 Apple House Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Lakeville State MA Zip Code 02347	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C124 Date of Disbursement																				
Mailing Address 3 Apple House Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Lakeville State MA Zip Code 02347	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C125 Date of Disbursement																				
Mailing Address 3 Apple House Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Lakeville State MA Zip Code 02347	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TRAVEL AGENCY SERVICE	Transaction ID: SB21B.C126 Date of Disbursement																				
Mailing Address 3 Apple House Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Lakeville State MA Zip Code 02347	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
TRAVEL AGENCY SERVICE

Mailing Address 3 Apple House Road

City Lakeville State MA Zip Code 02347

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
TRAVEL AGENCY SERVICE

Mailing Address 3 Apple House Road

City Lakeville State MA Zip Code 02347

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
UNITED AIRLINES

Mailing Address 77 W. Wacker Dr.

City Chicago State IL Zip Code 60601

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A.	<p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement JFC TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C141</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="559.00"/></p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement JFC TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C142</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="559.00"/></p> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement JFC TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.C143</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="335.50"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement

JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

202.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement

JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement

JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.C146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C147 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">44.00</td> </tr> </table>	44.00																			
44.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C148 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">17.00</td> </tr> </table>	17.00																			
17.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB21B.C149 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
WASHINGTON NATIONAL AIRPORT PARKING

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001

Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.C150

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS-MERCHANT

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.2

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

273.11

C. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS-MERCHANT

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.3

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

3.50

SUBTOTAL of Disbursements This Page (optional)

276.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.4 Date of Disbursement																				
Mailing Address 1445-A LAUGHLIN AVE.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
<table border="1"> <tr> <td>City MCLEAN</td> <td>State VA</td> <td>Zip Code 22101</td> </tr> <tr> <td colspan="2">Purpose of Disbursement BANK FEES</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City MCLEAN	State VA	Zip Code 22101	Purpose of Disbursement BANK FEES		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>61.08</td> </tr> </table>	61.08											
City MCLEAN	State VA	Zip Code 22101																			
Purpose of Disbursement BANK FEES		<input type="text"/> Category/ Type																			
Candidate Name																					
61.08																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.5 Date of Disbursement																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
<table border="1"> <tr> <td>City FALLS CHURCH</td> <td>State VA</td> <td>Zip Code 22043</td> </tr> <tr> <td colspan="2">Purpose of Disbursement JFC DONOR LIST MAINTENANCE</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FALLS CHURCH	State VA	Zip Code 22043	Purpose of Disbursement JFC DONOR LIST MAINTENANCE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3591.64</td> </tr> </table>	3591.64											
City FALLS CHURCH	State VA	Zip Code 22043																			
Purpose of Disbursement JFC DONOR LIST MAINTENANCE		<input type="text"/> Category/ Type																			
Candidate Name																					
3591.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.6 Date of Disbursement																				
Mailing Address 7704 LEESBURG PIKE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
<table border="1"> <tr> <td>City FALLS CHURCH</td> <td>State VA</td> <td>Zip Code 22043</td> </tr> <tr> <td colspan="2">Purpose of Disbursement JFC DONOR LIST MAINTENANCE</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FALLS CHURCH	State VA	Zip Code 22043	Purpose of Disbursement JFC DONOR LIST MAINTENANCE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>137.50</td> </tr> </table>	137.50											
City FALLS CHURCH	State VA	Zip Code 22043																			
Purpose of Disbursement JFC DONOR LIST MAINTENANCE		<input type="text"/> Category/ Type																			
Candidate Name																					
137.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3790.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
JFC SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.32

B.

Full Name (Last, First, Middle Initial)

GES EXPOSITION SERVICES, INC.

Mailing Address 7050 LINDELL AVE.

City
LAS VEGAS

State
NV

Zip Code
89118

Purpose of Disbursement
JFC EVENT SIGNAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

650.00

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER INC.

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
JFC ACCOUNTING/COMPLIANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8518.98

SUBTOTAL of Disbursements This Page (optional)

9207.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) INTERNATIONAL DATA MANAGEMENT	Transaction ID: SB.11 Date of Disbursement																				
Mailing Address 490 WHITE POND DR.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City AKRON State OH Zip Code 44320	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">26551.56</td> </tr> </table>	26551.56																			
26551.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) INTERNATIONAL DATA MANAGEMENT	Transaction ID: SB.12 Date of Disbursement																				
Mailing Address 490 WHITE POND DR.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City AKRON State OH Zip Code 44320	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">66109.26</td> </tr> </table>	66109.26																			
66109.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JONATHAN DAY	Transaction ID: SB.14 Date of Disbursement																				
Mailing Address 13081 TRIPLE CROWN LOOP	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City GAINESVILLE State VA Zip Code 20155	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC PER DIEM-TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">440.00</td> </tr> </table>	440.00																			
440.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

93100.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) MCBEE	Transaction ID: SB.15 Date of Disbursement																				
Mailing Address PO BOX 88042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City CHICAGO State IL Zip Code 60680	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">100.27</td> </tr> </table>	100.27																			
100.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MCGLADREY & PULLEN	Transaction ID: SB.18 Date of Disbursement																				
Mailing Address 5155 PAYSHERE CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	0	9												
City CHICAGO State IL Zip Code 60674	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC ACCOUNTING/COMPLIANCE Candidate Name	<table border="1"> <tr> <td colspan="10">5475.00</td> </tr> </table>	5475.00																			
5475.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.22 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HWY.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES Candidate Name	<table border="1"> <tr> <td colspan="10">810.46</td> </tr> </table>	810.46																			
810.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6385.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) NOVA Mailing Address 7300 CHAPMAN HWY.	Transaction ID: SB.23 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>199.10</td> </tr> </table>	199.10																			
199.10																					
B. Full Name (Last, First, Middle Initial) NOVA Mailing Address 7300 CHAPMAN HWY.	Transaction ID: SB.24 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00																			
50.00																					
C. Full Name (Last, First, Middle Initial) PRIMUS Mailing Address PO BOX 3246	Transaction ID: SB.27 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City MILWAUKEE State WI Zip Code 53201 Purpose of Disbursement JFC TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>28.60</td> </tr> </table>	28.60																			
28.60																					

SUBTOTAL of Disbursements This Page (optional)

277.70

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

PRUES HECKER LLC

Mailing Address 1315 HARVARD RD.

City State Zip Code
GROSSE POINTE MI 48230Purpose of Disbursement
JFC TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

4280.75

B.

Full Name (Last, First, Middle Initial)

RAGE UNLIMITED

Mailing Address 1715 PEARL ST., STE. C

City State Zip Code
BOULDER CO 80302Purpose of Disbursement
JFC EVENT SECURITY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

2390.00

C.

Full Name (Last, First, Middle Initial)

REAL INFORMATION SYSTEMS

Mailing Address ATTN: GAIL KROLICK

City State Zip Code
INCLINE VILLAGE NV 89452Purpose of Disbursement
JFC EVENT SET UP

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7670.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

REFLECTIONS PHOTOGRAPHY

Mailing Address 631 PENNSYLVANIA AVE., SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
JFC EVENT PHOTOGRAPHY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

14301.50

B.

Full Name (Last, First, Middle Initial)

VINEYARD VINES

Mailing Address 37 BROWN HOUSE RD.

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
JFC BUTTONS/HATS/SHIRTS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	9

Amount of Each Disbursement this Period

850.00

SUBTOTAL of Disbursements This Page (optional)

15151.50

TOTAL This Period (last page this line number only)

407558.49

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 73

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MCCAIN PALIN COMPLIANCE FUND INC.

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.16

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

815.40

B.

Full Name (Last, First, Middle Initial)

MICHIGAN REPUBLICAN PARTY

Mailing Address 520 SEYMOUR AVE.

City
LANSING

State
MI

Zip Code
48933

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.19

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

130091.51

C.

Full Name (Last, First, Middle Initial)

MISSOURI REPUBLICAN STATE COMMITTEE

Mailing Address 204 EAST DUNKLIN

City
JEFFERSON CITY

State
MO

Zip Code
65101

Purpose of Disbursement
DISTRIBUTION OF NET PROCEEDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.20

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

129870.43

SUBTOTAL of Disbursements This Page (optional)

260777.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) OHIO REPUBLICAN PARTY	Transaction ID: SB.25 Date of Disbursement
Mailing Address 211 S. FIFTH ST.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<div>130095.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) REPUBLICAN FEDERAL CMT. OF PENNSYLVANIA	Transaction ID: SB.32 Date of Disbursement
Mailing Address 717 NORTH SECOND ST.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
City HARRISBURG State PA Zip Code 17102	Amount of Each Disbursement this Period
Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<div>133842.02</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE	Transaction ID: SB.33 Date of Disbursement
Mailing Address 320 1ST ST., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement DISTRIBUTION OF NET PROCEEDS	<div>5469929.86</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5733867.08

TOTAL This Period (last page this line number only)

5994644.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

FRANK J. ALBI

Mailing Address 7374 RIVERPOINT LANE

City
CINCINNATI

State
OH

Zip Code
45255-3926

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956663

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JAMES R. ALLISON

Mailing Address 62 BLUEGRASS COVE

City
JACKSON

State
TN

Zip Code
38305-8524

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956491

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

E. THOMAS ARNOLD

Mailing Address 1254 HERSCHEL AVENUE

City
CINCINNATI

State
OH

Zip Code
45208-3011

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956498

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) LISA R. AVRETT	Transaction ID: SB28.2956666 Date of Disbursement
Mailing Address 109 ROYAL LAGOON COURT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code PONTE VEDRA BEACH FL 32082-2148	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GARETT BACKMAN	Transaction ID: SB28.2956462 Date of Disbursement
Mailing Address 3060 PEACHTREE RD NW SUITE 210	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code ATLANTA GA 30305-2239	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RICHARD M. BAKER	Transaction ID: SB28.2956646 Date of Disbursement
Mailing Address 488 PICKLE ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code SHELBYVILLE TN 37160-6503	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) STEVEN J. BARBARINE	Transaction ID: SB28.2956681 Date of Disbursement
Mailing Address 5199 VIA CALDERON	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City CAMARILLO State CA Zip Code 93012-6738	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRED W. BEANS	Transaction ID: SB28.2956674 Date of Disbursement
Mailing Address 1100 AIRPORT BLVD.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City DOYLESTOWN State PA Zip Code 18902-1050	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARTHA BOND BRANSON	Transaction ID: SB28.2956659 Date of Disbursement
Mailing Address 238 JOYCLIFF CIRCLE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City MACON State GA Zip Code 31211-7040	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

HOWARD A. BURDE

Mailing Address 126 E. DARTMOUTH ROAD

City
BALA CYNWYDState
PAZip Code
19004-2213Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

GERRY BUTLER

Mailing Address 804 SOUTH PROSPECT AVENUE

City
PARK RIDGEState
ILZip Code
60068-4725Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956496

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT CAPRETTO

Mailing Address 927 HULTON ROAD

City
OAKMONTState
PAZip Code
15139-1346Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956675

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) LAWRENCE L. CARLI Mailing Address 7210 GRANT LINE ROAD	Transaction ID: SB28.2956647 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City ELK GROVE State CA Zip Code 95624-9655 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>300.00</div>
B. Full Name (Last, First, Middle Initial) ALICIA A. CASANOVA Mailing Address 4775 COLLINS AVENUE #1702 City MIAMI BEACH State FL Zip Code 33140-3265 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956679 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>100.00</div>
C. Full Name (Last, First, Middle Initial) CHARLES CHAFIN, JR., USAF Mailing Address 802 NORTH RIO STREET City FORT STOCKTON State TX Zip Code 79735-4823 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956495 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5.00</div>

SUBTOTAL of Disbursements This Page (optional)

405.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MICHAEL I. CHALIFF

Mailing Address 195 GROGANS LAKE POINT

City
ATLANTAState
GAZip Code
30350-3118Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

YU MOON CHU

Mailing Address 9509 M. KINGSCROFT TERRACE

City
PERRY HALLState
MDZip Code
21128-9805Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956649

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)

ALEXANDRIA CORONADO

Mailing Address 5315 YORKSHIRE DRIVE

City
CYPRESSState
CAZip Code
90630-3732Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956478

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

PHILLIP R. COX

Transaction ID: SB28.2956662

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Mailing Address 105 E. 4TH STREET
SUITE 600

Amount of Each Disbursement this Period

City CINCINNATI State OH Zip Code 45202-4015

1200.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

ROBERT P. CROSBY

Transaction ID: SB28.2956483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Mailing Address 67 HILTON AVENUE #B4

Amount of Each Disbursement this Period

City GARDEN CITY State NY Zip Code 11530-2812

1000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

CHARLES E. DAOUT

Transaction ID: SB28.2946996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	0	9

Mailing Address 513 DELTA COURT

Amount of Each Disbursement this Period

City CHEESAPEAKE State VA Zip Code 23325-4411

100.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

PETER F. DARLING

Mailing Address 1520 BLACK FOREST DRIVE

City
BRYSON CITY

State
NC

Zip Code
28713-9204

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MICHELLE M. DEMARCO

Mailing Address 2414 W. FLORENTINE ROAD

City
PHOENIX

State
AZ

Zip Code
85086-6604

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956673

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

C.

Full Name (Last, First, Middle Initial)

VICKIE DILLOW

Mailing Address 7881 FAITH LN.

City
WAXAHACHIE

State
TX

Zip Code
75167-7299

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2946990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) SUSAN F. DRESSLER	Transaction ID: SB28.2956485 Date of Disbursement
Mailing Address 6999 OLD CHURCH ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City GREEN COVE SPRINGS State FL Zip Code 32003-5002	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PATRICK DWYER	Transaction ID: SB28.2956490 Date of Disbursement
Mailing Address P. O. BOX 69	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City KENNEY State TX Zip Code 77452-0069	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PATRICIA ESCHTRUTH	Transaction ID: SB28.2956489 Date of Disbursement
Mailing Address 1331 MAIN STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City SNOVER State MI Zip Code 48472-9355	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) CHARLIE FRASHER	Transaction ID: SB28.2946999 Date of Disbursement
Mailing Address 1036 MEADOWBROOK LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City LOUISA State KY Zip Code 41230-9657	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div> <div></div> <div>100.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PAMELA T. FREEMAN	Transaction ID: SB28.2956644 Date of Disbursement
Mailing Address 208 WEST MOCKINGBIRD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City SHERIDAN State AR Zip Code 72150-7613	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div> <div></div> <div>25.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JON F. FREEZE	Transaction ID: SB28.2956651 Date of Disbursement
Mailing Address P.O. BOX 833	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City DAVENPORT State WA Zip Code 99122-0833	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div> <div></div> <div>25.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

DELORES C. FRYE

Mailing Address 3370 LUCY GRADE ROAD

City
ASHFORDState
ALZip Code
36312-6236Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GARY GRANOFF

Mailing Address 2 FIR DRIVE

City
GREAT NECKState
NYZip Code
11024-1529Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2946997

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DENNIS GREER

Mailing Address 43912 20TH STREET WEST

City
LANCASTERState
CAZip Code
93534-5221Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956476

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) ERIC R. GREFFENIUS <hr/> Mailing Address 337 CENTRAL STREET RIGHT	Transaction ID: SB28.2956676 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City AUBURNDALE State MA Zip Code 02466-2228 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>20.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) DIANE GROTE <hr/> Mailing Address P.O.BOX 1105	Transaction ID: SB28.2956471 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City SHERMAN State TX Zip Code 75091-1105 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>100.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) YOSEPH HAILE <hr/> Mailing Address 8206 STREAMSIDE PL APT 202	Transaction ID: SB28.2946995 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City GAITHERSBURG State MD Zip Code 20879-5249 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

1120.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) HOWARD I. HALPERN Mailing Address 997 DAVIS DRIVE	Transaction ID: SB28.2956657 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City ATLANTA State GA Zip Code 30327-4533 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2000.00</div>
B. Full Name (Last, First, Middle Initial) PATRICIA HOLT Mailing Address 45409 ADDINGTON LANE City NOVI State MI Zip Code 48374-3764 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946994 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>100.00</div>
C. Full Name (Last, First, Middle Initial) WILLIAM HOVIS Mailing Address 501 19TH STREET TRUSTEES TOWER SUITE 702 City KNOXVILLE State TN Zip Code 37916-1854 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2946992 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>500.00</div>

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) WILLIAM HOVIS	Transaction ID: SB28.2946993 Date of Disbursement
Mailing Address 501 19TH STREET TRUSTEES TOWER SUITE 702	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City KNOXVILLE State TN Zip Code 37916-1854	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<div> <div>500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ELIZABETH B. HUNTLEY	Transaction ID: SB28.2956472 Date of Disbursement
Mailing Address 4568 ORTEGA BLVD.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City JACKSONVILLE State FL Zip Code 32210-6043	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<div> <div>1500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) VALERIE IACOVANGELO	Transaction ID: SB28.2946991 Date of Disbursement
Mailing Address 1717 DORWALDT BLVD.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City NISKAYUNA State NY Zip Code 12309-5113	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND Candidate Name	<div> <div>25.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

JEFFREY D. JENKINS

Mailing Address 823 BASS LANDING PLACE

City
GREENSBOROState
NCZip Code
27455-3440Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SAMUEL JOHNSON

Mailing Address 1192 E DRAPER PKWY #431

City
DRAPERState
UTZip Code
84020-9356Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2946986

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

LEE O. JONES

Mailing Address W141 N4861 GOLDEN FIELD COURT

City
MENOMONEE FALLSState
WIZip Code
53051Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

JULIE JUNGWIRTH

Transaction ID: SB28.2956487

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Mailing Address 2554 LINCOLN BLVD.
P.M.B. 222

Amount of Each Disbursement this Period

100.00									
--------	--	--	--	--	--	--	--	--	--

City MARINA DEL REY State CA Zip Code 90291-5082

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

☐ Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

MITCHELL KEITER

Transaction ID: SB28.2956661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Mailing Address 17621 IRVINE BLVD.

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City TUSTIN State CA Zip Code 92780-3114

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

☐ Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

JOSEPH F. KENAVAN

Transaction ID: SB28.2956653

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Mailing Address PO BOX 187

Amount of Each Disbursement this Period

500.00									
--------	--	--	--	--	--	--	--	--	--

City COLD SPRING HARBOR State NY Zip Code 11724-0187

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

☐ Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

DAWN KOBORST

Mailing Address 7718 STONEHILL DRIVE

City
CINCINNATI

State
OH

Zip Code
45255-2450

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956660

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

GERARD LAROCCA

Mailing Address 264 LIBERTY CORNER ROAD

City
FAR HILLS

State
NJ

Zip Code
07931-2567

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

WALTER M. LEE

Mailing Address 12351 GLEN KERNAN PARKWAY N.

City
JACKSONVILLE

State
FL

Zip Code
32224-5625

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956484

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) FRANK LEITZ Mailing Address 74 HILLSIDE AVENUE	Transaction ID: SB28.2956665 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City GLEN ROCK State NJ Zip Code 07452-2529 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.00</div>
B. Full Name (Last, First, Middle Initial) NANCY S. LONG Mailing Address 2600 PANORAMA DRIVE #303 City SIGNAL HILL State CA Zip Code 90755-3815 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956481 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1300.00</div>
C. Full Name (Last, First, Middle Initial) PATRICIA R. LUMRY Mailing Address 8580 HUNTS POINT LANE City BELLEVUE State WA Zip Code 98004-1101 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956460 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>34700.00</div>

SUBTOTAL of Disbursements This Page (optional)

36025.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

S. E. MACLIN

Mailing Address 202 ROSEMARY

City
SAN ANTONIOState
TXZip Code
78209-3843Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956474

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

KAREN M. MAROTTA

Mailing Address 12 SHERIDAN ROAD

City
ANDOVERState
MAZip Code
01810-5110Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956677

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JOHN MARTIN

Mailing Address 5200 SOUTH ULSTER STREET
#1616City
GREENWOOD VILLAGEState
COZip Code
80111-2866Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2946989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3525.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

ANNE MCFAUL

Mailing Address 3026 SHEPPERD RD

City
MONKTONState
MDZip Code
21111-1302Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL B. MCGOWAN

Mailing Address 7205 FLEETWOOD DRIVE

City
EDINAState
MNZip Code
55439-1811Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

AMANDA MCKINLEY

Mailing Address 4140 N. CENTRAL AVENUE
APARTMENT 1057City
PHOENIXState
AZZip Code
85012-1863Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

SYLVIA MEINCKE

Mailing Address 1146 GEORGE ANDERSON STREET

City
ORMOND BEACHState
FLZip Code
32174-3300Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956488

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

20.00

B.

Full Name (Last, First, Middle Initial)

P. JONATHAN MEYER

Mailing Address 85 STANBERRY AVENUE

City
BEXLEYState
OHZip Code
43209-1465Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

BILLYE S. MILLER

Mailing Address 603 TERRACE PLACE

City
NORMANState
OKZip Code
73069-5036Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956680

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

2620.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
 GEORGE BRANIFF MOORE

Mailing Address 812 PARK AVENUE
 APARTMENT 11D

City NEW YORK State NY Zip Code 10021-2759

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956470

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

19500.00

B.

Full Name (Last, First, Middle Initial)
 LUTHER D. OTT

Mailing Address 140 BLACKBERRY LANE

City LAKEVIEW State AR Zip Code 72642-7157

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956667

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 BEVERLY S. PEACE

Mailing Address 7958 FESTIVE COURT
 APARTMENT 6

City CINCINNATI State OH Zip Code 45236-2765

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956497

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

20025.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) KAMBIZ A. PEZESHKI Mailing Address 6318 HEUGHS CANYON DRIVE	Transaction ID: SB28.2956648 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code SALT LAKE CITY UT 84121-6360 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>61.00</div>
B. Full Name (Last, First, Middle Initial) LICA PINKSTON Mailing Address P.O. BOX 1277 City State Zip Code ALICE TX 78333-1277 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB28.2956467 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) VAN B. POOLE Mailing Address 106 EAST COLLETE AVENUE SUITE 1100 City State Zip Code TALLAHASSEE FL 32301-7747 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB28.2956482 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>250.00</div>

SUBTOTAL of Disbursements This Page (optional)

2811.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) JOHN W. PUGH Mailing Address P.O. BOX 1750	Transaction ID: SB28.2956668 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City DELAND State FL Zip Code 32721-1750 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) SILVINO NEGRIN QUIGNON Mailing Address FAIRVIEW J10 CALLE 15 City SAN JUAN State PR Zip Code 00926 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956669 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>100.00</div>
C. Full Name (Last, First, Middle Initial) HARMON QUINT Mailing Address 5274 NEW COLUMBIA ROAD City METROPOLIS State IL Zip Code 62960-3413 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28.2956477 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>100.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

700.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

WILMA S. RIDER

Mailing Address 2821 N CALLE LADERA

City
TUCSONState
AZZip Code
85715-3204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

MARCIA ROBINSON

Mailing Address 2124 E. VISTA AVENUE

City
PHOENIXState
AZZip Code
85020Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956678

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)

GEORGE SCHNEEWEISS

Mailing Address 11459 N. 2700 EAST ROAD

City
FORRESTState
ILZip Code
61741Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956683

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

870.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) JAMES M. SLAUSON	Transaction ID: SB28.2956654 Date of Disbursement
Mailing Address 1440 STONEFIELD COURT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City WAUKESHA State WI Zip Code 53186-1427	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DIANE SMITH	Transaction ID: SB28.2956465 Date of Disbursement
Mailing Address 323 RAIL ROAD AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City GREENWICH State CT Zip Code 06830-6779	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>3500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LAURA J. SMITH	Transaction ID: SB28.2956684 Date of Disbursement
Mailing Address 866 35TH AVENUE NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City SAINT PETERSBURG State FL Zip Code 33704-1240	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>50.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

GERALD R. SPRING

Mailing Address 3067 OLDTOWN VALLEY ROAD

City
NEW PHILADELPHIAState
OHZip Code
44663-7840Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956645

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

REBECCA E. STEIN

Mailing Address 3636 RICHMOND STREET

City
JACKSONVILLEState
FLZip Code
32205-9424Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

BETTE F. STORTZ

Mailing Address 136 RIDGEWOOD PLACE

City
FORT THOMASState
KYZip Code
41075-1645Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956664

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

2380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MARGIE STROM

Mailing Address 5815 KIT LANE NORTH

City
BILLINGS

State
MT

Zip Code
59106-2208

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

VICKIE THORNTON

Mailing Address 2275 E CHEMISE DR

City
MERIDIAN

State
ID

Zip Code
83646-1574

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2946988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ROSE A. UPHUS

Mailing Address 39936 PRIMROSE LANE

City
SAUK CENTRE

State
MN

Zip Code
56378-8454

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
 JOHN N. VACCA

Mailing Address 2414 W. FLORENTINE ROAD

City State Zip Code
 PHOENIX AZ 85086-6604

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956672

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)
 GEORGE M. VETTER

Mailing Address 17 STONE TOWER LANE

City State Zip Code
 BARRINGTON RI 02806-4913

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956463

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 LARS S. WAKEMAN

Mailing Address 220 URANGAS

City State Zip Code
 VEGUITA NM 87062-9799

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956670

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 9

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) VIRGINIA WALKER	Transaction ID: SB28.2946998 Date of Disbursement
Mailing Address 1551 SHORELANDS DR E	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div>
City VERO BEACH State FL Zip Code 32963-2648	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>100.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NORMAN F. WATTS	Transaction ID: SB28.2956493 Date of Disbursement
Mailing Address P.O. BOX 144	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City WALLINGFORD State PA Zip Code 19086-0144	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ROBERT CHIP WILKINS	Transaction ID: SB28.2956480 Date of Disbursement
Mailing Address 7924 LASLEY FOREST ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 9</div> </div>
City LEWISVILLE State NC Zip Code 27023-8244	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)
 HUGH M. WURMLE

Mailing Address 600 PARK LANE
 APARTMENT 167

City WATERLOO State IA Zip Code 50702-5275

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28.2956466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)
 W. RONALD YOUNGBERG

Mailing Address 2050 COMBE ROAD

City OGDEN State UT Zip Code 84403-5035

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28.2956652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 FRITZ ZEISER

Mailing Address 2337 VIA RIVERA

City PALOS VERDES ESTAT State CA Zip Code 90274-2725

Purpose of Disbursement
 CONTRIBUTION REFUND

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28.2956650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

THOMAS FLAIG LLC

Mailing Address 107 MEADOW WOODS LANE

City
EATONTONState
GAZip Code
31024-5669Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28.2956685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

106241.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

GREENE COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 249

City
NEELY

State
MS

Zip Code
39461-0249

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28.2956671

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

INTREPID FALLEN HEROES FUND (TBI CENTER)

Mailing Address ONE INTREPID SQUARE

City
NEW YORK

State
NY

Zip Code
10036

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Donation represents funds
disbursed from donors related to The Stanford Group. See F99 for details.

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)